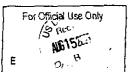
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended Falure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 438 or 446.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2328	2. Fiscal Year Covered From:			
	01/01/04: Through: 12/31/04			
3. Name and address of person filing.	Name, file number, and address of labor organization.			
Name RogeR D CLARK	Name I.B.E.W. LOCAL 16			
	Labor Organization File Number 033062			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Rocm Number, if any			
Street 7333 Parkridge	Street 9001 Nikow tucky AVE			
City NEWBURGH	City EVANSUITE			
State ZIP Code + 4 47630	State ZN ZIP Code + 4			
5. Position in labor organization. EXAMILIC BOARD MEMBER				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions:				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent				

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
	7.b. Amount.				
Street					
City					
State ZIP Code + 4					

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Date

Telephone Number

Name of Person Filing	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or ot of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	herwise dealing with the business actively seeking to represent, or indirectly to, or otherwise				
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name Wectrical JAEC]				
Trade Name, if any:	a. Labor Organization				
P.O. Box, Bldg., Room No., if any	b. Trust (JA4C)				
Street 1321 EdgAR Street	c. Employer				
City Evansuille]				
State ZV ZIP Code + 4 47710					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Name Electrical TATE	Manual As F	renefit fact			
Trade Name, if any:	NEGE				
P.O. Box, Bldg., Room No., if any					
Street 1331 Edgar Street	11.b. Approximate dollar value of	of such dealing	14.20.60		
City EMANSUITE	12.a. Nature of interest he d o		TATOM SOL		
State ZIP Code + 4 97/10	Rument to 12	renefat be	Kage		
	NEGE				
	12.b. Amount		Historia		
	12.0. Politone		THE BOLL BOX		
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.				
3.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.				
(including trade name, if any).					
Name					
Trade Name, if any:					
P.O. Box, Bidg., Room No., if any					
Street					
City :					
State ZIP Code - 4					
	14.b. Amount of payment.				
3 b. Is the Business an Employer , or Consultant ?		1			